

# Additional/Revised Information

<b>Agenda Item #</b>	3
<b>Meeting Date</b>	October 4, 2004
<b>Prepared By</b>	Suzanne Ludlow, Community & Government Liaison
<b>Approved By</b>	Barbara B. Matthews City Manager

<b>Discussion Item</b>	Proposed Hospital Text Amendment
<b>Additional/ Revised Information</b>	<p>Attached is the Park and Planning Staff Report for the Planning Board's October 7 discussion on this subject. As expected, Park and Planning staff are recommending a site plan review process for most hospital modification proposals.</p> <p>City staff agree that changes to the review process are warranted, but feel a master plan approach would better meet the needs of hospitals and of the communities they serve and impact. The process would consist of the following:</p> <ol style="list-style-type: none"> <li>1) As is done now, community master plans would identify where hospitals should be located and how they fit into the community.</li> <li>2) An institutional master plan, for the hospital complex itself, should be then be prepared, consistent with the community master plan. Such an institutional master plan would go through the same process as a community master plan or sector plan (and could be done concurrently with one) and would include: <ol style="list-style-type: none"> <li>a) The long-term development plan for the site, to the extent to which it is known, including identification of areas of the site which would not be developed due to environmental, historic, or community impacts.</li> <li>b) For those components of the plan for which there is a good deal of specificity (eg, a 30,000 to 50,000 square foot, three story addition to be built in this footprint), development consistent with the provisions in the master plan could be done via a site plan process. Very specific, minor modifications may only require a building permit process.</li> <li>c) Components where there is more uncertainty could require reopening the master plan or following another public review process specified in the master plan.</li> <li>d) The master plan could include design guidelines, specific environmental protection measures, maximum traffic impact levels, or special procedures to follow when communicating with the community.</li> </ol> </li> </ol> <p>There are several advantages to having an institutional master plan for the hospital (or college or other institution). First, the appropriateness of the use is not debated for every modification request. Second, it recognizes that institutions change over</p>

	time and provides for an organized process for considering those changes. Third, it provides a long-range development plan on file for review by the community—the community knows what development to expect or the process required to change the plans. Fourth, it encourages the institution and the community to work together to identify those components and processes they agree on, so that future discussions are focused on critical issues only. Fifth, for those components of the master plan that are agreed on, implementation can be expedited, saving time and money.
<b>Policy</b>	The City Council is concerned with regulations that affect the Takoma Park community.
<b>Fiscal Impact</b>	n/a
<b>Attachments</b>	Draft legislation prepared by Park and Planning staff
<b>Recommendation</b>	Hear presentation; determine if comments should be provided to the Planning Board on October 7
<b>Special Consideration</b>	The Planning Board is scheduled to discuss this item on the afternoon of Thursday, October 7.

## APPENDIX 1

Zoning Text Amendment No:  
Concerning: Expansion of Hospitals  
Draft No. & Date: 3; 9/30/04  
Introduced: N/A  
Public Hearing: N/A  
Adopted:  
Effective:  
Ordinance No:

**COUNTY COUNCIL FOR MONTGOMERY COUNTY, MARYLAND  
SITTING AS THE DISTRICT COUNCIL FOR THAT PORTION OF  
THE MARYLAND-WASHINGTON REGIONAL DISTRICT WITHIN  
MONTGOMERY COUNTY, MARYLAND**

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By:

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**AN AMENDMENT** to the Montgomery County Zoning Ordinance for the purpose of:

- establishing a site plan review process for hospitals and permitting existing hospitals by right with any expansion occurring in accordance with the site plan review procedures

By amending the following section of the Montgomery County Zoning Ordinance, Chapter 59 of the Montgomery County Code:

DIVISION 59-C-1	“RESIDENTIAL ZONES, ONE-FAMILY”
Section 59-C-1.31	“Land Uses”
New Section 59-C-1.38.1	“ Special regulations- Hospitals located in one-family residential zones”
DIVISION 59-D-3	“SITE PLAN”
Section 59-D-3.1	“Requirements”
DIVISION 59-D-3.41	“Action by Planning Board for Existing Hospitals”

**EXPLANATION:** ***Boldface*** indicates a heading or a defined term.

*Underlining* indicates text that is added to existing laws by the original text amendment.

***[Single boldface brackets]*** indicate text that is deleted from existing law by the original text amendment.

*Double underlining* indicates text that is added to the text amendment by amendment.

***[[Double boldface brackets]]*** indicate text that is deleted from the text amendment by amendment.

***\* \* \**** indicates existing law unaffected by the text amendment.

## *ORDINANCE*

*The County Council for Montgomery County, Maryland, sitting as the District Council for that portion of the Maryland-Washington Regional District in Montgomery County, Maryland, approves the following ordinance:*

**Sec. 1. Division 59-C-1 is amended as follows:**

**Sec. 59-C-1.3. Standard development.**

The procedure for approval is as set forth in Chapter 50, title "Subdivision of Land," of the Montgomery County Code, as amended.

**59-C-1.31. Land uses.**

No use is allowed except as indicated in the following table:

- **Permitted Uses.** Uses designated by the letter "P" are permitted on any lot in the zones indicated, subject to all applicable regulations.
- **Special Exception Uses.** Uses designated by the letters "SE" may be authorized as special exceptions, in accordance with the provisions of Article 59-G.

	RE- 2	RE- 2C	RE- 1	R- 200	R- 150	R- 90	R- 60	R- 40	R-4 plex	RMH 200
<b>(d) Services.</b>										
* * *										
Hospitals.	P*/ SE**	P*/ SE**	P*/ SE**	P*/ SE**	P*/ SE**	P*/ SE**	P*/ SE**	P*/ SE**	P*/ SE**	P*/ SE**
* * *										

\* Any modification or enlargement of an existing hospital must be approved pursuant the site plan review procedures of Section 59-D-3 and must adhere to the standards and requirements of Section 59-C-1.38.1. Site plan conditions for an existing hospital supercede the special exception conditions of approval.

\*\* Any new hospital must be established by Board of Appeals approval of a special exception. Any modification or enlargement of the hospital after it is established

1 by the Board of Appeals must be approved pursuant to the site plan review  
2 procedures of Section 59-D-3.

3 \* \* \*

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5 **59-C-1.38.1 Special regulations-Hospitals located in one-family residential zones.**

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7  
8 **(a) New Hospitals.** Any request for development of a new hospital in the one-  
9 family residential zones after (the Effective Date of the ZTA) must be approved in  
10 accordance with the special exception provisions of Section 59-G. Once approved,  
11 any modification or enlargement of the use must be accomplished in accordance  
12 with the site plan review procedures of Section 59-D-3.

13  
14  
15 **(b) Existing Hospitals.** Any hospital operating pursuant to a valid special  
16 exception approval is a permitted use. Any modification or enlargement of an  
17 existing hospital must be approved pursuant the site plan review procedures of  
18 Section 59-D-3 and must adhere to the standards and requirements below.

19  
20 **(1) Minimum area.** Total area, 5 acres.

21  
22 **(2) Minimum frontage.** Frontage, 200 feet.

23  
24 **(3) Setback.** No portion of a building shall be nearer to the lot line than a  
25 distance equal to the height of that portion of the building, where the  
26 adjoining or nearest adjacent land is zoned single-family detached residential

1           or is used solely for single-family detached residences, and in all other cases  
2           not less than 50 feet from a lot line.

3  
4       (4)   **Off-street parking.** Off-street parking shall be located so as to achieve a  
5           maximum of coordination between the proposed development and the  
6           surrounding uses and a maximum of safety, convenience and amenity for the  
7           residents of neighboring areas. Parking shall be limited to a minimum in the  
8           front yard.

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10       (5)   **Building height limit.** Maximum of 145 feet.

11  
12       \*   \*   \*

13       **Sec. 2. Division 59-D-3 is amended as follows:**

14  
15       **DIVISION 59-D-3. SITE PLAN.**

16       \*   \*   \*

17       **Sec. 59-D-3.1. Requirements.**

18  
19       The site plan must be filed with the Planning Board; it may cover all or any part of a lot  
20       or tract, and must meet the following requirements:

21       \*   \*   \*

22       A long-term expansion plan depicting existing and proposed structures and the campus  
23       layout as part of an existing hospital must be filed with the Planning Board to be included  
24       with a site plan submittal as required in Section 59-D-3.4.1.

25       \*   \*   \*

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2 **59-D-3.4.1 Action by Planning Board for Existing Hospitals.**

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4 (a) A public hearing must be held by the Planning Board on each site plan  
5 application for hospitals. The Planning Board must approve, approve  
6 subject to modifications, or disapprove the site plan not later than 45 days  
7 after receipt of the site plan, but such action and notification is not required  
8 before the approval of a preliminary plan of subdivision involving the same  
9 property. The Planning Board then must notify the applicant in writing of its  
10 action. In reaching its decision the Planning Board must determine whether:

11  
12 (1) the site plan meets all of the requirements of the zone in which it is  
13 located;

14  
15 (2) the site plan must substantially conform to the applicable master plan,  
16 sector plan, or urban renewal plan, including maps and text, unless the  
17 Planning Board finds that events have occurred to render the relevant  
18 master plan, sector plan, or urban renewal plan no longer appropriate;

19  
20 (3) the site plan will be served by adequate public services and facilities  
21 as defined under Chapter 50-35(k) ;

22  
23 (4) the location, design, scale and bulk of any proposed new structures,  
24 and the location, design and scale of landscaping and recreational  
25 facilities, are in harmony with the general character of existing and  
26 proposed adjacent development;



- 1 (5) green area and open spaces shall be appropriately designed and  
2 located to provided a setting for the hospital campus that is  
3 compatible with existing and proposed adjacent development;  
4  
5 (6) the location, design, scale and bulk of landscaping provide adequate  
6 screening for existing and proposed adjacent development;  
7  
8 (7) the pedestrian and vehicular circulation systems, and parking  
9 facilities, are adequate, safe, and efficient;  
10  
11 (8) the site plan meets all applicable requirements of Chapter 22A  
12 regarding forest conservation and Chapter 19 regarding water resource  
13 protection.  
14

15 (b) **Effect of Planning Board Decision on Special Exception Conditions.**  
16

17 The Planning Board must adopt as site plan conditions all special exception  
18 conditions of approval. Site plan approval for an existing hospital  
19 extinguishes the underlying special exception approval. All special  
20 exception conditions of approval shall be incorporated into the site plan  
21 conditions of approval, and remain in effect as site plan conditions, unless  
22 modified by the Planning Board.

23 \* \* \*  
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25 **Sec. 3. Effective date.** This ordinance becomes effective 20 days after the date of  
26 Council adoption.  
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1 This is a correct copy of Council action.

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6 Mary A. Edgar, CMC

7 Clerk of the Council

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